

# Work Order ID 153292

Tuesday, November 15, 2016 1:41:13 PM

**\*153292\***

Page 1

Item ID: D3672-3 Accept **\*N900040100\*** Setup Start **\*NS1\***  
Revision ID: NOV 17 2016 Stop **\*NS2\***  
Item Name: Washer, Phenolic **500**  
Start Date: 11/18/2016 Start Qty: ~~250.00~~ **\*250\*** Cust Item ID:  
Required Date: 12/2/2016 Req'd Qty: ~~250.00~~ **\*250\*** Customer:  
Reference:

Approvals: Process Plan: **DAS 21 9-89** Date: **NOV 15 2016** Tooling: Date: Run Start **\*NR1\***  
QC: **DAS 21 9-89** Date: SPC (Y/N): Date: Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description                                  | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp     |
|--------------------------------|-----------------------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|--------------------|
| <b>Draw Nbr</b>                | <b>Revision Nbr</b>                                       |                      |         |        |              |               |               |                  |                    |
| D3672                          | D                                                         |                      |         |        |              |               |               |                  |                    |
| 100                            | PURCHASING                                                | 0.00                 |         |        |              |               |               |                  | <b>DAS 13 9-89</b> |
| <b>*100*</b>                   |                                                           |                      |         |        |              |               |               |                  |                    |
| Purchasing                     | Memo                                                      | 0.00                 |         |        |              |               |               |                  |                    |
| Purchasing                     | Issue P/O: <b>34339</b>                                   |                      |         |        |              |               |               |                  |                    |
|                                | Purchase Part Number: MM .500 OD X .267 ID X.031 +/- .002 |                      |         |        |              |               |               |                  |                    |
|                                | Supplier: HASKINS INDUSTRIAL                              |                      |         |        |              |               |               |                  |                    |
|                                | Certificate of conformity is required                     |                      |         |        |              |               |               |                  |                    |
| 110                            | Receive & Inspect for Damage & Mat'l Certs                | 0.00                 |         |        |              |               |               |                  |                    |
| <b>*110*</b>                   |                                                           |                      |         |        |              |               |               |                  |                    |
| Packaging                      | Memo                                                      | 0.83                 |         |        |              |               |               |                  |                    |
| Packaging                      | Ensure certificate of conformity is attached              |                      |         |        |              |               |               |                  |                    |
| 120                            | QC6- Inspect dimensions to drawing                        | 0.00                 |         |        |              |               |               |                  |                    |
| <b>*120*</b>                   |                                                           |                      |         |        |              |               |               |                  |                    |
| QC                             | Memo                                                      | 0.00                 |         |        |              |               |               |                  |                    |
| Quality Control                |                                                           |                      |         |        |              |               |               |                  |                    |

**250** **NOV 16 2016** **DAS 13 9-89**  
**500x 2016-11-21**  
**500** **DAS 38 9-89** **NOV 22 2016**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |  |  |  |                                                                                                                                                            |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  | <b>MRB (QSI042) Approval</b><br><br>Completed By _____<br><br>Lead hand / Supervisor Approval Verification _____<br><br>QC / QA Coordinator Approval _____ |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |                                                                                                                                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |                                                                                                                                                            |  |
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| <b>Root Cause</b><br><div style="display: flex;"> <div style="width: 50%;">             Environment <input type="checkbox"/><br/>             Design <input type="checkbox"/><br/>             Doc/Data <input type="checkbox"/><br/>             Equip/Tooling <input type="checkbox"/><br/>             Handling/Pre <input type="checkbox"/><br/>             Material <input type="checkbox"/><br/>             Internal Transport <input type="checkbox"/><br/>             Tribal Knowledge <input type="checkbox"/><br/>             LOA <input type="checkbox"/><br/>             Substation <input type="checkbox"/><br/>             Past Expiry Date <input type="checkbox"/><br/>             Misidentified <input type="checkbox"/> </div> <div style="width: 50%;">             No Re-verification <input type="checkbox"/><br/>             Operator <input type="checkbox"/><br/>             Offset/Setup <input type="checkbox"/><br/>             Supplier <input type="checkbox"/><br/>             Training <input type="checkbox"/><br/>             Use for Testing <input type="checkbox"/><br/>             Poor Information <input type="checkbox"/><br/>             Rushing <input type="checkbox"/><br/>             Product Improvement <input type="checkbox"/><br/>             Process Improvement <input type="checkbox"/><br/>             Manufacturing Process <input type="checkbox"/><br/>             Past Due <input type="checkbox"/> </div> </div> |  | <b>FAULT CATEGORY</b><br><div style="display: flex;"> <div style="width: 33%;">             Pressure/Forced <input type="checkbox"/><br/>             Bending <input type="checkbox"/><br/>             Centre Not Concentric <input type="checkbox"/><br/>             Cracks <input type="checkbox"/><br/>             Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>             Cuffs <input type="checkbox"/><br/>             Crushing <input type="checkbox"/><br/>             Heat Treat <input type="checkbox"/><br/>             Wave/Twist in Tube <input type="checkbox"/><br/>             Marks/Chatter <input type="checkbox"/> </div> <div style="width: 33%;">             Temperature/Cure <input type="checkbox"/><br/>             Set-up <input type="checkbox"/><br/>             BOM/Route <input type="checkbox"/><br/>             Broken/Damage/Defect <input type="checkbox"/><br/>             Inspection Incomplete/Unqualified <input type="checkbox"/><br/>             Contamination <input type="checkbox"/><br/>             Countersink <input type="checkbox"/><br/>             Cut Too Short <input type="checkbox"/><br/>             Instructions Incomplete/Unclear <input type="checkbox"/><br/>             Drill Holes <input type="checkbox"/> </div> <div style="width: 33%;">             Power Loss/Surge <input type="checkbox"/><br/>             Folio/Program <input type="checkbox"/><br/>             Grain <input type="checkbox"/><br/>             Weld <input type="checkbox"/><br/>             Wrong Stock Pulled <input type="checkbox"/><br/>             Out of Sequence <input type="checkbox"/><br/>             Off-set <input type="checkbox"/><br/>             Mislabeled <input type="checkbox"/><br/>             Fit/Function <input type="checkbox"/><br/>             Misaligned/off center <input type="checkbox"/> </div> <div style="width: 33%;">             Positioned Wrong <input type="checkbox"/><br/>             Outside Dimensions <input type="checkbox"/><br/>             Over/Under tolerance <input type="checkbox"/><br/>             Part Incorrect <input type="checkbox"/><br/>             Part Lost/Missing <input type="checkbox"/><br/>             Part Moved <input type="checkbox"/><br/>             Drawing <input type="checkbox"/><br/>             Finish <input type="checkbox"/><br/>             Misread <input type="checkbox"/><br/>             Turning Sequence <input type="checkbox"/> </div> </div> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |                                                                                                                                                            |  |
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**Work Order ID 153292**

Tuesday, November 15, 2016 1:41:13 PM

**\*153292\***

Page 2

Item ID: D3672-3 Accept **\*N900040100\*** Setup Start **\*NS1\***  
Revision ID: Stop **\*NS2\***  
Item Name: Washer, Phenolic  
Start Date: 11/18/2016 Start Qty: 250.00 **\*250\*** Cust Item ID:  
Required Date: 12/2/2016 Req'd Qty: 250.00 **\*250\*** Customer:  
Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|

130

Identify as per dwg & Stock Location: STOJA 0.00**\*130\***

Packaging

Memo

0.42

Packaging

LOCATION : FP001

500 **DAS 6** **NOV 13 2016**  
9-89

140

QC21- Final Inspection - Work Order Release 0.00

**\*140\***

QC

Memo

4.17

Quality Control

16/11/24

**DAS 21**  
9-89

NOV 23 2016



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                                          |  |  |                                                                                                                                                     |  |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  | MRB (QSI042) Approval<br><br><br>Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |  |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |                                                                                                                                                     |  |  |
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| <b>Root Cause</b><br><br><div style="display: flex;"> <div style="width: 50%;">             Environment <input type="checkbox"/><br/>             Design <input type="checkbox"/><br/>             Doc/Data <input type="checkbox"/><br/>             Equip/Tooling <input type="checkbox"/><br/>             Handling/Pre <input type="checkbox"/><br/>             Material <input type="checkbox"/><br/>             Internal Transport <input type="checkbox"/><br/>             Tribal Knowledge <input type="checkbox"/><br/>             LOA <input type="checkbox"/><br/>             Substation <input type="checkbox"/><br/>             Past Expiry Date <input type="checkbox"/><br/>             Misidentified <input type="checkbox"/> </div> <div style="width: 50%;">             No Re-verification <input type="checkbox"/><br/>             Operator <input type="checkbox"/><br/>             Offset/Setup <input type="checkbox"/><br/>             Supplier <input type="checkbox"/><br/>             Training <input type="checkbox"/><br/>             Use for Testing <input type="checkbox"/><br/>             Poor Information <input type="checkbox"/><br/>             Rushing <input type="checkbox"/><br/>             Product Improvement <input type="checkbox"/><br/>             Process Improvement <input type="checkbox"/><br/>             Manufacturing Process <input type="checkbox"/><br/>             Past Due <input type="checkbox"/> </div> </div> |  | <b>FAULT CATEGORY</b><br><br><div style="display: flex;"> <div style="width: 50%;">             Pressure/Forced <input type="checkbox"/><br/>             Bending <input type="checkbox"/><br/>             Centre Not Concentric <input type="checkbox"/><br/>             Cracks <input type="checkbox"/><br/>             Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>             Cuffs <input type="checkbox"/><br/>             Crushing <input type="checkbox"/><br/>             Heat Treat <input type="checkbox"/><br/>             Wave/Twist in Tube <input type="checkbox"/><br/>             Marks/Chatter <input type="checkbox"/> </div> <div style="width: 50%;">             Temperature/Cure <input type="checkbox"/><br/>             Set-up <input type="checkbox"/><br/>             BOM/Route <input type="checkbox"/><br/>             Broken/Damage/Defect <input type="checkbox"/><br/>             Inspection Incomplete/Unqualified <input type="checkbox"/><br/>             Contamination <input type="checkbox"/><br/>             Countersink <input type="checkbox"/><br/>             Cut Too Short <input type="checkbox"/><br/>             Instructions Incomplete/Unclear <input type="checkbox"/><br/>             Drill Holes <input type="checkbox"/> </div> </div> |  | <div style="display: flex;"> <div style="width: 50%;">             Power Loss/Surge <input type="checkbox"/><br/>             Folio/Program <input type="checkbox"/><br/>             Grain <input type="checkbox"/><br/>             Weld <input type="checkbox"/><br/>             Wrong Stock Pulled <input type="checkbox"/><br/>             Out of Sequence <input type="checkbox"/><br/>             Off-set <input type="checkbox"/><br/>             Mislabeled <input type="checkbox"/><br/>             Fit/Function <input type="checkbox"/><br/>             Misaligned/off center <input type="checkbox"/> </div> <div style="width: 50%;">             Positioned Wrong <input type="checkbox"/><br/>             Outside Dimensions <input type="checkbox"/><br/>             Over/Under tolerance <input type="checkbox"/><br/>             Part Incorrect <input type="checkbox"/><br/>             Part Lost/Missing <input type="checkbox"/><br/>             Part Moved <input type="checkbox"/><br/>             Drawing <input type="checkbox"/><br/>             Finish <input type="checkbox"/><br/>             Misread <input type="checkbox"/><br/>             Turning Sequence <input type="checkbox"/> </div> </div> |  |  |                                                                                                                                                     |  |  |
| OTHER : <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |                                                                                                                                                     |  |  |

# Picklist Print

Tuesday, November 15, 2016 1:41:16 PM

Page 1

Work Order ID: 153292

**\*153292\***

Parent Item: D3672-3

**\*D3672-3\***

Parent Item Name: Washer, Phenolic

Start Date: 11/18/2016

Required Date: 12/2/2016

Start Qty: 250.00

Required Qty: 250.00

Comments: IPP Rev:A New Issue 07-09-09 JLM Verified By:EC  
IPP Rev:B ECN 1056 07-11-13 DD

| Component Item ID/<br>Item Name         | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Qty per Kit | Total<br>Qty | Qty<br>Issued | Date<br>Issued | Status |
|-----------------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
| D3672-3P<br><b>*D3672-3P*</b><br>Washer |                        | Purchased     | No          |                     |                  | 110             | Each               | 0.0000         | 1           | 250          |               |                |        |

**\*\***

500X SP/6-11-21.

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

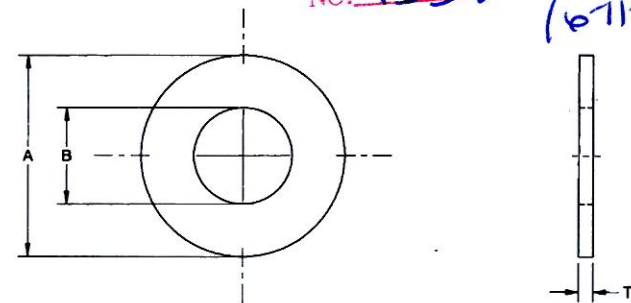
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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |  |  |  |                                                                                                                                                            |  |
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| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |                                                                                                                                                            |  |
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| <b>Root Cause</b><br><div style="display: flex; justify-content: space-between;"> <div>             Environment <input type="checkbox"/><br/>             Design <input type="checkbox"/><br/>             Doc/Data <input type="checkbox"/><br/>             Equip/Tooling <input type="checkbox"/><br/>             Handling/Pre <input type="checkbox"/><br/>             Material <input type="checkbox"/><br/>             Internal Transport <input type="checkbox"/><br/>             Tribal Knowledge <input type="checkbox"/><br/>             LOA <input type="checkbox"/><br/>             Substation <input type="checkbox"/><br/>             Past Expiry Date <input type="checkbox"/><br/>             Misidentified <input type="checkbox"/> </div> <div>             No Re-verification <input type="checkbox"/><br/>             Operator <input type="checkbox"/><br/>             Offset/Setup <input type="checkbox"/><br/>             Supplier <input type="checkbox"/><br/>             Training <input type="checkbox"/><br/>             Use for Testing <input type="checkbox"/><br/>             Poor Information <input type="checkbox"/><br/>             Rushing <input type="checkbox"/><br/>             Product Improvement <input type="checkbox"/><br/>             Process Improvement <input type="checkbox"/><br/>             Manufacturing Process <input type="checkbox"/><br/>             Past Due <input type="checkbox"/> </div> </div> |  | <b>FAULT CATEGORY</b><br><div style="display: flex; justify-content: space-between;"> <div>             Pressure/Forced <input type="checkbox"/><br/>             Bending <input type="checkbox"/><br/>             Centre Not Concentric <input type="checkbox"/><br/>             Cracks <input type="checkbox"/><br/>             Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>             Cuffs <input type="checkbox"/><br/>             Crushing <input type="checkbox"/><br/>             Heat Treat <input type="checkbox"/><br/>             Wave/Twist in Tube <input type="checkbox"/><br/>             Marks/Chatter <input type="checkbox"/> </div> <div>             Temperature/Cure <input type="checkbox"/><br/>             Set-up <input type="checkbox"/><br/>             BOM/Route <input type="checkbox"/><br/>             Broken/Damage/Defect <input type="checkbox"/><br/>             Inspection Incomplete/Unqualified <input type="checkbox"/><br/>             Contamination <input type="checkbox"/><br/>             Countersink <input type="checkbox"/><br/>             Cut Too Short <input type="checkbox"/><br/>             Instructions Incomplete/Unclear <input type="checkbox"/><br/>             Drill Holes <input type="checkbox"/> </div> <div>             Power Loss/Surge <input type="checkbox"/><br/>             Folio/Program <input type="checkbox"/><br/>             Grain <input type="checkbox"/><br/>             Weld <input type="checkbox"/><br/>             Wrong Stock Pulled <input type="checkbox"/><br/>             Out of Sequence <input type="checkbox"/><br/>             Off-set <input type="checkbox"/><br/>             Misabeled <input type="checkbox"/><br/>             Fit/Function <input type="checkbox"/><br/>             Misaligned/off center <input type="checkbox"/> </div> <div>             Positioned Wrong <input type="checkbox"/><br/>             Outside Dimensions <input type="checkbox"/><br/>             Over/Under tolerance <input type="checkbox"/><br/>             Part Incorrect <input type="checkbox"/><br/>             Part Lost/Missing <input type="checkbox"/><br/>             Part Moved <input type="checkbox"/><br/>             Drawing <input type="checkbox"/><br/>             Finish <input type="checkbox"/><br/>             Misread <input type="checkbox"/><br/>             Turning Sequence <input type="checkbox"/> </div> </div> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |                                                                                                                                                            |  |
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# SPECIFICATION CONTROL DRAWING

SHOP COPY  
RETURN TO  
ENGINEERING  
UNCONTROLLED COPY  
SUBJECT TO AMENDMENT  
WITHOUT NOTICE  
WORK ORDER  
NO. 153 292 ML5  
16-11-15

| DART<br>P/N | A<br>(IN) | B<br>(IN) | T<br>(IN) | SUPPLIER<br>P/N                                              | REPLACES   |
|-------------|-----------|-----------|-----------|--------------------------------------------------------------|------------|
| D3672-1     | 0.437     | 0.210     | 0.031     | MM.437OD X .210ID X .031<br>+/- .002<br>PHENOLIC FLAT WASHER | NAS1515H3L |
| D3672-3     | 0.500     | 0.267     | 0.031     | MM.500OD X .267ID X .031<br>+/- .002<br>PHENOLIC FLAT WASHER | NAS1515H4L |
| D3672-5     | 0.562     | 0.326     | 0.063     | MM.562OD X .326ID X .062<br>+/- .002<br>PHENOLIC FLAT WASHER | NAS1515H5  |
| D3672-7     | 0.562     | 0.328     | 0.031     | MM.562OD X .328ID X .031<br>+/- .002<br>PHENOLIC FLAT WASHER | NAS1515H5L |
| D3672-9     | 0.625     | 0.390     | 0.031     | MM.625OD X .390ID X .031<br>+/- .002<br>PHENOLIC FLAT WASHER | NAS1515H6L |
| D3672-11    | 0.750     | 0.453     | 0.031     | MM.750OD X .453ID X .031<br>+/- .002<br>PHENOLIC FLAT WASHER | NAS1515H7L |
| D3672-13    | 0.875     | 0.515     | 0.031     | MM.875OD X .515ID X .031<br>+/- .002<br>PHENOLIC FLAT WASHER | NAS1515H8L |
| D3672-15    | 0.437     | 0.210     | 0.063     | MM.437OD X .210ID X .063<br>+/- .002<br>PHENOLIC FLAT WASHER | NAS1515H3  |
| D3672-17    | 0.500     | 0.267     | 0.063     | MM.500OD X .267ID X .063<br>+/- .002<br>PHENOLIC FLAT WASHER | NAS1515H4  |
| D3672-19    | 0.875     | 0.515     | 0.063     | MM.875OD X .515ID X .063<br>+/- .002<br>PHENOLIC FLAT WASHER | NAS1515H8  |



**D3672-X PHENOLIC WASHER**

**RELEASED**

2016 JUN 22  
ECN 16-661

- NOTES:
- 1) MATERIAL: PHENOLIC. PURCHASE HASKINS INDUSTRIAL INC. P/N PER TABLE (IN QUANTITIES OF 1000)
  - 2) FINISH: NONE
  - 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
  - 4) UNITS: INCHES UNLESS OTHERWISE NOTED
  - 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
  - 6) IDENTIFICATION: NONE
  - 7) WEIGHT: LESS THAN 0.01 lbs

APPROVED

|            |                                       |                                                                                                                                                                                                                                                                                       |              |
|------------|---------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| REV.       | DESCRIPTION                           | BY                                                                                                                                                                                                                                                                                    | DATE         |
| D          | ADD -15/-17/-19.                      | MB                                                                                                                                                                                                                                                                                    | 16.05.26     |
| C          | REDRAW, ADD -13 (ZN A8-1), PAR 09-038 | CP                                                                                                                                                                                                                                                                                    | 09.11.04     |
| B          | ADD -5/-7/-9/-11                      | DC                                                                                                                                                                                                                                                                                    | 07.10.09     |
| A          | NEW ISSUE                             | DC                                                                                                                                                                                                                                                                                    | 07.08.28     |
| DESIGN     | ML                                    | DART AEROSPACE LTD<br>HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                                                     |              |
| DRAWN      | MB                                    | DRAWING NO.                                                                                                                                                                                                                                                                           | REV. D       |
| CHECKED    | AJS                                   | D3672                                                                                                                                                                                                                                                                                 | SHEET 1 OF 1 |
| MFG. APPR. | DD                                    | TITLE                                                                                                                                                                                                                                                                                 | SCALE        |
| APPROVED   | WM                                    | PHENOLIC WASHER                                                                                                                                                                                                                                                                       | NTS          |
| DE APPR.   | DS                                    | COPYRIGHT © 2007 BY DART AEROSPACE LTD<br>THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL, AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS<br>NOT TO BE REPRODUCED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT<br>WRITTEN PERMISSION FROM DART AEROSPACE LTD. |              |
| DATE       | 16.05.26                              |                                                                                                                                                                                                                                                                                       |              |

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |                                                                                                                                                     |  |
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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |  |  |  |                                                                                                                                                     |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  | MRB (QSI042) Approval<br><br><br>Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |                                                                                                                                                     |  |
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| <b>Root Cause</b><br><br><div style="display: flex;"> <div style="width: 50%;">             Environment <input type="checkbox"/><br/>             Design <input type="checkbox"/><br/>             Doc/Data <input type="checkbox"/><br/>             Equip/Tooling <input type="checkbox"/><br/>             Handling/Pre <input type="checkbox"/><br/>             Material <input type="checkbox"/><br/>             Internal Transport <input type="checkbox"/><br/>             Tribal Knowledge <input type="checkbox"/><br/>             LOA <input type="checkbox"/><br/>             Substation <input type="checkbox"/><br/>             Past Expiry Date <input type="checkbox"/><br/>             Misidentified <input type="checkbox"/> </div> <div style="width: 50%;">             No Re-verification <input type="checkbox"/><br/>             Operator <input type="checkbox"/><br/>             Offset/Setup <input type="checkbox"/><br/>             Supplier <input type="checkbox"/><br/>             Training <input type="checkbox"/><br/>             Use for Testing <input type="checkbox"/><br/>             Poor Information <input type="checkbox"/><br/>             Rushing <input type="checkbox"/><br/>             Product Improvement <input type="checkbox"/><br/>             Process Improvement <input type="checkbox"/><br/>             Manufacturing Process <input type="checkbox"/><br/>             Past Due <input type="checkbox"/> </div> </div> |  | <b>FAULT CATEGORY</b><br><br><div style="display: flex;"> <div style="width: 33%;">             Pressure/Forced <input type="checkbox"/><br/>             Bending <input type="checkbox"/><br/>             Centre Not Concentric <input type="checkbox"/><br/>             Cracks <input type="checkbox"/><br/>             Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>             Cuffs <input type="checkbox"/><br/>             Crushing <input type="checkbox"/><br/>             Heat Treat <input type="checkbox"/><br/>             Wave/Twist in Tube <input type="checkbox"/><br/>             Marks/Chatter <input type="checkbox"/> </div> <div style="width: 33%;">             Temperature/Cure <input type="checkbox"/><br/>             Set-up <input type="checkbox"/><br/>             BOM/Route <input type="checkbox"/><br/>             Broken/Damage/Defect <input type="checkbox"/><br/>             Inspection Incomplete/Unqualified <input type="checkbox"/><br/>             Contamination <input type="checkbox"/><br/>             Countersink <input type="checkbox"/><br/>             Cut Too Short <input type="checkbox"/><br/>             Instructions Incomplete/Unclear <input type="checkbox"/><br/>             Drill Holes <input type="checkbox"/> </div> <div style="width: 33%;">             Power Loss/Surge <input type="checkbox"/><br/>             Folio/Program <input type="checkbox"/><br/>             Grain <input type="checkbox"/><br/>             Weld <input type="checkbox"/><br/>             Wrong Stock Pulled <input type="checkbox"/><br/>             Out of Sequence <input type="checkbox"/><br/>             Off-set <input type="checkbox"/><br/>             Mislabeled <input type="checkbox"/><br/>             Fit/Function <input type="checkbox"/><br/>             Misaligned/off center <input type="checkbox"/> </div> <div style="width: 33%;">             Positioned Wrong <input type="checkbox"/><br/>             Outside Dimensions <input type="checkbox"/><br/>             Over/Under tolerance <input type="checkbox"/><br/>             Part Incorrect <input type="checkbox"/><br/>             Part Lost/Missing <input type="checkbox"/><br/>             Part Moved <input type="checkbox"/><br/>             Drawing <input type="checkbox"/><br/>             Finish <input type="checkbox"/><br/>             Misread <input type="checkbox"/><br/>             Turning Sequence <input type="checkbox"/> </div> </div> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |                                                                                                                                                     |  |
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Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053

## PURCHASE ORDER

Purchase Order ID **PO34339**

Purchase Order Date 11/16/2016

PO Print Date 11/17/2016

Page Number 1 of 3

**Order From :**

VC-HAS001

**Ship To :** DART AEROSPACE LTD

HASKINS INDUSTRIAL  
5-52 ANTARES DRIVE  
NEPEAN, ON K2E 7Z1  
CA

1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA

NOV 17 2016

E-MAILED

**Contact Name**

**Vendor Phone** 613 723 8800

**Ship To Contact**

**Ship To Phone**

**Ship Via:** Dicom

**Ship Acct:**

**Buyer**

Chantal Lavoie

**Customer POID**

**Customer Tax #**

10127-2607

**Terms**

Net 30

**Currency**

CAD

**FOB**

FCA - (Free Carrier)

REVISED

| Line Nbr | Reference Vendor Part Number<br>Line Comments<br>Delivery Comments | Description/<br>Mfg ID | Req Date/<br>Taxable<br>Promise Date | CD | Req Qty/<br>Unit of<br>Measure | PO Unit Price | Extended Price |
|----------|--------------------------------------------------------------------|------------------------|--------------------------------------|----|--------------------------------|---------------|----------------|
| 1        | 806206                                                             | PIP PIN                | 11/21/2016<br>Yes<br>11/21/2016      |    | 4.00<br>Each                   | \$26.32       | \$105.28       |
|          | AS PER DWG D3489 REV. A<br>B152735                                 |                        |                                      |    |                                |               |                |
|          |                                                                    |                        |                                      |    |                                | Line Total:   | \$105.28       |
| 2        | D3672-3P                                                           | Washer ✓               | 11/21/2016<br>Yes<br>11/21/2016      |    | 500.00<br>Each                 | \$0.34        | \$170.65       |
|          | AS PER DWG D3672 REV. D<br>B153292                                 |                        |                                      |    |                                |               |                |
|          |                                                                    |                        |                                      |    |                                | Line Total:   | \$170.65       |
| 3        | D3672-7P                                                           | Washer                 | 11/21/2016<br>Yes<br>11/21/2016      |    | 500.00<br>Each                 | \$0.34        | \$170.65       |
|          | AS PER DWG D3672 REV. D<br>B153039                                 |                        |                                      |    |                                |               |                |
|          |                                                                    |                        |                                      |    |                                |               |                |

**PO Instructions:** PROCUREMENT QUALITY CLAUSES A000 CLAUSES NOT REQUIRED

**Note:**

11/17/2016

HASKINS INDUSTRIAL INC.  
5-52 ANTARES DRIVE

\*\* PACKING SLIP \*\*

Order # 1263777.00

NEPEAN, ONTARIO K2E 7Z1  
TEL (613)723-8800 FAX (613)723-8806

Order Date 11/17/16

Page 1 of 1

Sold To: DART AEROSPACE LTD.  
1270 ABERDEEN STREET  
HAWKESBURY  
ON  
K6A 1K7

Ship To: DART AEROSPACE LTD.  
1270 ABERDEEN STREET  
HAWKESBURY  
ON  
K6A 1K7

| Cust Phone # | Warehouse | F.O.B. | Taken By            |
|--------------|-----------|--------|---------------------|
|              | OTTAWA    | DEST   | Sylvie 613-723-8800 |

| Cust # | Customer P/O # | Required | Orig Order | Slsm | Ship Via | Terms  |
|--------|----------------|----------|------------|------|----------|--------|
| 05168  | 34339          | 11/18/16 | 1263777.00 | PL   | DICOM    | NET 30 |

| Ln# | Bin # | Order UM | Ship | B/O | Product | Description |
|-----|-------|----------|------|-----|---------|-------------|
|-----|-------|----------|------|-----|---------|-------------|

|   |        |      |   |   |            |                                            |
|---|--------|------|---|---|------------|--------------------------------------------|
| 1 | CAB210 | 4 EA | 0 | 4 | IS-5622048 | ✓ ECRI B3 500-500/1.50C500 1/2 3FL 5622048 |
|---|--------|------|---|---|------------|--------------------------------------------|

|   |        |       |   |   |           |                       |
|---|--------|-------|---|---|-----------|-----------------------|
| 2 | CAB330 | 10 EA | 5 | 5 | SGS-36858 | ✓ 1/2" AFL Z CARB E/M |
|---|--------|-------|---|---|-----------|-----------------------|

|                                                         |        |        |     |   |             |                                             |
|---------------------------------------------------------|--------|--------|-----|---|-------------|---------------------------------------------|
| ✓ 3                                                     | CAB810 | 500 EA | 500 | ✓ | MMS-D3672-3 | ✓ .500 X .267 X .031 +/- .005 WASHER, PHENC |
| STANDARD PKG IS 500 PCS AND PRICED FOR THOSE QUANTITIES |        |        |     |   |             |                                             |

|                                                         |        |        |   |     |             |                                           |
|---------------------------------------------------------|--------|--------|---|-----|-------------|-------------------------------------------|
| 4                                                       | CAB810 | 500 EA | 0 | 500 | MMS-D3672-7 | .562 X .328 X .031 +/- .005 WASHER, PHENC |
| STANDARD PKG IS 500 PCS AND PRICED FOR THOSE QUANTITIES |        |        |   |     |             |                                           |

NOV 21 2016

DAS  
26  
9-89

DAS  
38  
1-89

PLEASE NOTE:

1. NO RETURNS WITHOUT PRIOR AUTHORIZATION
2. ALL SHORTAGE CLAIMS MUST BE WITHIN 10 DAYS
3. BO CODE: BO = QTY NOT SHIPPED IS BACK-ORDERED  
CL= QTY NOT SHIPPED WAS CANCELLED  
SC= ITEM CONSIDERED COMPLETE - NO B/O CREATED

FILL PACK DATE 11 17 16  
Printed on 2016-11-17 at 8:06